



UNDERGROUND STORAGE TANK COMPLIANCE INFORMATION TRANSMITTAL SHEET

In an effort to review and record all compliance information more quickly and effectively, we request that you please attach this compliance transmittal sheet to all information forwarded to the **Underground Storage Tank Compliance Subsection**.

Date:	UST Facility #:	NHDES Site # if applicable):
<hr/>		
Facility Name:	Owner/Operator Name:	
Street Address:	Street Address:	
NH City/Town:	City/Town:	
Phone No.:	State:	Zip:
	Phone No.:	
	Alternative Phone No.:	
	Fax Number :	

TYPE OF SUBMITTAL:

First Time	<input type="checkbox"/> Update	Requested Due to Deficiency	ODD Fund Related
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THE ATTACHED CONTAINS INFORMATION FOR THE FOLLOWING SYSTEMS:

Tank System Number:	Product Stored:	Tank Gallonage:
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Tank System Number:	Product Stored:	Tank Gallonage:
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Tank System Number:	Product Stored:	Tank Gallonage:
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THE ATTACHED CONTAINS THE FOLLOWING COMPLIANCE INFORMATION:

1	Permit Fee	7	Overfill Device Verification	14	Inventory Records (including the	
2	Tank Registration Form	8	Release Detection Data		following items):	
3	Tightness Test Results	9	Release Detection for Piping		Bulk Receipts	Measurements
	Tank Closure Report	10	Annual Leak Detector Result		Product Level	Daily Sales/Use
	Additional Closure Data	11	Sacrificial Anode Test Report		Daily Reconciliation	monthly Water
	Spill Device Verification	12	Pump type (suction, Pressure)		Operator Signature	Level
		13	Alternate Financial Assurance		Monthly Reconciliation (water / product)	
15	Other:	<hr/>				

Submitted By:

Title: